



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE**

Priority Health Government Programs, Inc.

NAIC Group Code	3383 (Current Period)	3383 (Prior Period)	NAIC Company Code	11520	Employer's ID Number	32-0016523
Organized under the Laws of		Michigan		State of Domicile or Port of Entry		Michigan
Country of Domicile			United States			
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []			
	Vision Service Corporation []	Other []	Health Maintenance Organization [X]			
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated/Organized	06/03/2002		Commenced Business	10/01/2002		
Statutory Home Office	1231 East Beltline NE (Street and Number)			Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code)		
Main Administrative Office	1231 East Beltline NE (Street and Number)			Grand Rapids, MI 49525-4501 616-942-0954 (City or Town, State and Zip Code) (Area Code) (Telephone Number)		
Mail Address	1231 East Beltline NE (Street and Number or P.O. Box)			Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code)		
Primary Location of Books and Records	1231 East Beltline NE (Street and Number)			Grand Rapids, MI 49525-4501 616-464-8926 (City or Town, State and Zip Code) (Area Code) (Telephone Number)		
Internet Website Address	www.priority-health.com					
Statutory Statement Contact	Kristy Shoemaker (Name)			616-464-8926 (Area Code) (Telephone Number) (Extension)		
	kristy.shoemaker@priority-health.com (E-mail Address)			616-942-7916 (FAX Number)		

OFFICERS

Name	Title	Name	Title
Kimberly K Horn	President / Chief Executive Officer	Gregory A Hawkins	Treasurer / Chief Financial Officer
Judith W Hoeyenga	Secretary		

OTHER OFFICERS

OTHER OFFICERS
James F Byrne _____, Vice President _____,

DIRECTORS OR TRUSTEES

James F Byrne Neill P Gage Gregory A Hawkins Kimberly K Horn
James S Slubowski

State ofMichigan.....

ss

County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<p>Kimberly K Horn President / Chief Executive Officer</p> <p>Subscribed and sworn to before me this _____ day of _____ February, 2009</p> <p>Mary Bierlein Document Coordinator 11/18/2012</p>	<p>Gregory A Hawkins Treasurer / Chief Financial Officer</p>	<p>Judith W Hooyenga Secretary</p> <p>a. Is this an original filing? Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] b. If no, 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____</p>
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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered	2,425,568					2,425,568
0499999 Subtotals	2,425,568	0	0	0	0	2,425,568
0599999 Unreported claims and other claim reserves						9,968,109
0699999 Total amounts withheld						35,455
0799999 Total claims unpaid						12,429,136
0899999 Accrued medical incentive pool and bonus amounts						1,278,375

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually Listed Receivables:							
Priority Health.....	117,108	0	.0	.0	.0	117,108	.0
0199999 Individually listed receivables	117,108	0	.0	.0	.0	117,108	.0
0299999 Receivables not individually listed	6,195	0	0	0	0	6,195	0
0399999 Total gross amounts receivable	123,303	0	0	0	0	123,303	0

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Priority Health Managed Benefits.....	Management fee payable.....	1,013,798	1,013,798	(1,013,798)
Spectrum Health	Medicaid Risk Share.....	418,228	418,228	(418,228)
0199999 Individually listed payables.....		1,432,026	1,432,026	(1,432,026)
0299999 Payables not individually listed		79,505	79,505	(79,505)
0399999 Total gross payables		1,511,531	1,511,531	(1,511,531)

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	57,454,478	50.9		0.0	57,454,478	
4. Total capitation payments	57,454,478	50.9	0	0.0	57,454,478	0
Other Payments:						
5. Fee-for-service	6,567,252	5.8	XXX	XXX		6,567,252
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	48,877,111	43.3	XXX	XXX	48,877,111	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	55,444,363	49.1	XXX	XXX	48,877,111	6,567,252
13. Total (Line 4 plus Line 12)	112,898,841	100 %	XXX	XXX	106,331,589	6,567,252

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0

NONE



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Priority Health Government Programs, Inc.

2. _____

(LOCATION)

NAIC Group Code	3383	BUSINESS IN THE STATE OF Michigan	1	DURING THE YEAR 2008							NAIC Company Code	11520	
				2	3	4	5	6	7	8			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		50,775		1,109								49,666	
2. First Quarter		51,748		1,208								50,540	
3. Second Quarter		52,486		1,304								51,182	
4. Third Quarter		53,751		1,339								52,412	
5. Current Year		55,117		1,400								53,717	
6. Current Year Member Months		632,857		15,408								617,449	
Total Member Ambulatory Encounters for Year:													
7. Physician		518,958		6,528								512,430	
8. Non-Physician		35,447		446								35,001	
9. Total		554,405		6,974	0	0	0	0	0	0		547,431	
10. Hospital Patient Days Incurred		15,060		33								15,027	
11. Number of Inpatient Admissions		4,060		12								4,048	
12. Health Premiums Written (b).....		139,276,817		1,278,235								137,998,582	
13. Life Premiums Direct.....		0											
14. Property/Casualty Premiums Written.....		0											
15. Health Premiums Earned.....		139,088,381		1,276,278								137,812,103	
16. Property/Casualty Premiums Earned.....		0											
17. Amount Paid for Provision of Health Care Services.....		112,898,841		.931,729								111,967,112	
18. Amount Incurred for Provision of Health Care Services.....		114,355,076		980,943								113,374,133	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Priority Health Government Programs, Inc.

2. _____

(LOCATION)

NAIC Group Code	3383	BUSINESS IN THE STATE OF Consolidated	1	DURING THE YEAR 2008								NAIC Company Code	11520
				2	3	4	5	6	7	8	9		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		50,775		1,109	0	0	0	0	0	0	49,666		0
2. First Quarter		51,748		1,208	0	0	0	0	0	0	50,540		0
3. Second Quarter		52,486		1,304	0	0	0	0	0	0	51,182		0
4. Third Quarter		53,751		1,339	0	0	0	0	0	0	52,412		0
5. Current Year		55,117		1,400	0	0	0	0	0	0	53,717		0
6. Current Year Member Months		632,857		15,408	0	0	0	0	0	0	617,449		0
Total Member Ambulatory Encounters for Year:													
7. Physician		518,958		6,528	0	0	0	0	0	0	512,430		0
8. Non-Physician		35,447		446	0	0	0	0	0	0	35,001		0
9. Total		554,405		6,974	0	0	0	0	0	0	547,431		0
10. Hospital Patient Days Incurred		15,060		33	0	0	0	0	0	0	15,027		0
11. Number of Inpatient Admissions		4,060		12	0	0	0	0	0	0	4,048		0
12. Health Premiums Written (b).....		139,276,817		1,278,235	0	0	0	0	0	0	137,998,582		0
13. Life Premiums Direct.....		0		0	0	0	0	0	0	0	0		0
14. Property/Casualty Premiums Written.....		0		0	0	0	0	0	0	0	0		0
15. Health Premiums Earned.....		139,088,381		1,276,278	0	0	0	0	0	0	137,812,103		0
16. Property/Casualty Premiums Earned.....		0		0	0	0	0	0	0	0	0		0
17. Amount Paid for Provision of Health Care Services		112,898,841		.931,729	0	0	0	0	0	0	111,967,112		0
18. Amount Incurred for Provision of Health Care Services		114,355,076		980,943	0	0	0	0	0	0	113,374,133		0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
92711.....	.35-1817054.....	.09/01/2008.....	HCC Life Insurance Company.....	Kennesaw, GA.....	SSL/I/A.....	.188,436.....						
0299999 - Total Authorized General Account - Non-Affiliates						188,436						
0399999 - Total Authorized General Account						188,436						
0799999 - Total Authorized and Unauthorized General Account						188,436						
1599999 Totals						188,436						

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	2	2	2	2	2
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	186	165	155	131	116
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	32,175,385	188,436	32,363,821
2. Accident and health premiums due and unpaid (Line 13).....	320,448		320,448
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(188,436)	(188,436)
5. All other admitted assets (Balance).....	1,711,831		1,711,831
6. Total assets (Line 26).....	34,207,664	0	34,207,664
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	12,429,136	0	12,429,136
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,278,373		1,278,373
9. Premiums received in advance (Line 8).....	507,768		507,768
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	1,934,713		1,934,713
13. Total liabilities (Line 22).....	16,149,990	0	16,149,990
14. Total capital and surplus (Line 31).....	18,057,674	XXX	18,057,674
15. Total liabilities, capital and surplus (Line 32).....	34,207,664	0	34,207,664
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	(188,436)		
21. Total ceded reinsurance recoverables	(188,436)		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	(188,436)		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	.AL					0
2. Alaska .....	.AK					0
3. Arizona .....	.AZ					0
4. Arkansas .....	.AR					0
5. California .....	.CA					0
6. Colorado .....	.CO					0
7. Connecticut .....	.CT					0
8. Delaware .....	.DE					0
9. District of Columbia .....	.DC					0
10. Florida .....	.FL					0
11. Georgia .....	.GA					0
12. Hawaii .....	.HI					0
13. Idaho .....	.ID					0
14. Illinois .....	.IL					0
15. Indiana .....	.IN					0
16. Iowa .....	.IA					0
17. Kansas .....	.KS					0
18. Kentucky .....	.KY					0
19. Louisiana .....	.LA					0
20. Maine .....	.ME					0
21. Maryland .....	.MD					0
22. Massachusetts .....	.MA					0
23. Michigan .....	.MI					0
24. Minnesota .....	.MN					0
25. Mississippi .....	.MS					0
26. Missouri .....	.MO					0
27. Montana .....	.MT					0
28. Nebraska .....	.NE					0
29. Nevada .....	.NV					0
30. New Hampshire .....	.NH					0
31. New Jersey .....	.NJ					0
32. New Mexico .....	.NM					0
33. New York .....	.NY					0
34. North Carolina .....	.NC					0
35. North Dakota .....	.ND					0
36. Ohio .....	.OH					0
37. Oklahoma .....	.OK					0
38. Oregon .....	.OR					0
39. Pennsylvania .....	.PA					0
40. Rhode Island .....	.RI					0
41. South Carolina .....	.SC					0
42. South Dakota .....	.SD					0
43. Tennessee .....	.TN					0
44. Texas .....	.TX					0
45. Utah .....	.UT					0
46. Vermont .....	.VT					0
47. Virginia .....	.VA					0
48. Washington .....	.WA					0
49. West Virginia .....	.WV					0
50. Wisconsin .....	.WI					0
51. Wyoming .....	.WY					0
52. American Samoa .....	.AS					0
53. Guam .....	.GU					0
54. Puerto Rico .....	.PR					0
55. U.S. Virgin Islands .....	.VI					0
56. Northern Mariana Islands .....	.MP					0
57. Canada .....	.CN					0
58. Aggregate Other Alien .....	.OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Priority Health Government Programs, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|---|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|---|--------------|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |

EXPLANATION:

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

BAR CODE:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14. 
1 1 5 2 0 2 0 0 8 3 7 0 0 0 0 0 0 0 0

15. 
1 1 5 2 0 2 0 0 8 3 6 5 0 0 0 0 0 0 0

16. 
1 1 5 2 0 2 0 0 8 3 3 0 5 9 0 0 0 0 0

17. 
1 1 5 2 0 2 0 0 8 2 1 1 5 9 0 0 0 0 0

18. 
1 1 5 2 0 2 0 0 8 2 1 3 0 0 0 0 0 0 0

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(http://www.naic.org/committees_e_app_blanks.htm)

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